MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/574291 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		O		/				53						
4		O		/				54						
5		O						55						
6		O		/				56						
7		O						57						
8		O						58						
9		O						59						
10		O		/				60						
11		O						61						
12		O		/				62						
13		O						63						
14		O						64						
15		O		/				65						
16		O						66						
17		O						67						
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46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			1					TOTAL IND.						
TOTAL DEP.			16					TOTAL DEP.						
TOTAL CLAIMS			17					TOTAL CLAIMS						

PTO-1360 (REV. 11/04)

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